QUALITY OF WORKING LIFE OF FEMALE STAFF NURSES IN THENI & DINDIGUL DISTRICT

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Abstract

Background: Nurses as the largest group of health care providers should enjoy a satisfactory quality of working life to be able to provide quality care to their patients. Therefore, attention should be paid to the nurses' working life.

Objectives: This study aimed to investigate the quality of nurses' working life in Theni and Dindigul hospitals during 2012.

Materials and Methods: This cross-sectional study was conducted on 200 nurses during 2012. The data-gathering instrument consisted of two parts. The first part consisted of questions on demographic information and the second part was the Walton's quality of work life questionnaire. Data were analyzed using the SPSS software. For statistical analysis T test and one way ANOVA were used.

Results: The results of the study showed that 60% of nurses reported that they had moderate level of quality of working life while 37.1% and 2% had undesirable and good quality of working life, respectively. Nurses with associate degrees reported a better quality of working life than others. A significant relationship was found between variables such as education level, work experience, and type of hospital with quality of working life score (P < 0.05). No significant differences were observed between quality of working life score of nurses with employment status (P = 0.061), salary (P = 0.052), age, gender and marital status (P > 0.05).

Conclusions: Nurses' quality of work life was at the moderate level. As quality of work life has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurses' quality of work life and its affecting factors.

Keywords: Quality of Life; Nurses; Job Satisfaction

Background

Today, quality of work life (QWL) has become an important issue and many studies have been published on this topic. This concept was first introduced in the 1930s. This concept basically describes the methods by which an organization can ensure the holistic wellbeing of an employee instead of only focusing on work-related aspects. QWL is a process by which the organizations' employees and stakeholders learn how to work better together to improve both the staff's quality of life and the organizational effectiveness simultaneously. Despite the importance of this issue, an accepted definition for QWL has not yet been introduced. Moorhead and Griffin have defined the QWL as the ability of employees to satisfy their important personal needs through what they have learned in their organization. In fact, improving the QWL is a comprehensive process to improve the

quality of life of employees in the workplace and is essential in any organization to attract and retain its employees.

The QWL has been studied in various areas, including sociology, psychology, education, management, health care and nursing. In recent decades, QWL has received increasing attention in healthcare settings. Health care agencies are one of the largest service providers to the community. Nurses are the largest group of employees in health care organizations and improving their work life quality has became a challenging issue in health care organizations since the 1970s. In fact, as a part of the broader quality movement in health care, the QWL concerns of staff development and wellbeing have been recognized as important facets of healthcare organizations' performance. The QWL in health care has been described as strengths and weaknesses in the total work environment.

Although nurses have been trained to provide patient care and improve their patients quality of life, but their own needs and their own QWL has been largely ignored. Quality of work life is a comprehensive and general schema, which is essential in improving specialized personnel's satisfaction and attracting and preserving personnel. It also results in positive theories such as increasing profits and provocation.

There is an outcry in health services regarding the lack of quality patient care and the poor standard of service delivery. The productivity of nurses is reportedly low. Hall states "to maintain and improve the quality of work life experienced by professional nurses requires that nurses be more skilled and productive in their work settings". In hospitals where there is a lack of quality of work life, the absenteeism and turnover rates amongst the nurses are usually very high. By assessing and improving the quality of work life, staff performance might increase and burnout among nurses might be reduced. The absenteeism and turnover rates might also decrease.

Studies have shown that employees satisfaction of their QWL would not only improve their performance and reduce absenteeism, workplace accidents and job turnover, but also increase their job satisfaction and satisfaction of other aspects of life. Studies show that satisfied employees work with greater interest, are more loyal to the organization and increase productivity.

However, a number of studies have reported that the quality of nurses work life is seriously impaired. Studies have shown that nurses have an average QWL. A number of studies have also been conducted on this issue in Iran. In a study, SharhrakyVahed et al. reported that 65.5% of staff had a relatively desirable QWL. Nayeri et al. reported that only 3.6% of nurses were satisfied with their work. However, in a study by Dargahi et al. it was reported that most nurses are dissatisfied with most aspects of their QWL and feel that they have a poor work life.

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The nurses' dissatisfaction with their own work life can cause problems such as job dissatisfaction, emotional exhaustion, burn out and job turnover. These factors would in turn affect the quality of care provided by nurses. The organization's success in achieving its goal depends on the quality of human resources. Therefore, attention should be paid to the nurses' physical and emotional needs.

Objectives

This study was conducted to evaluate the quality of working life and its affecting factors of nurses in I hospitals of Theni and Dindigul District.. The results of this study may be an effective step towards improving the quality of nurses working life.

Materials and Methods

This cross-sectional study was conducted on 200 nurses in hospitals of Theni and Dindigul District during 2012. However, 200 nurses were selected in this study based on the recommendation of the review board, to compensate possible attrition.

Nurses with diplomas, associate and bachelor's degrees or higher who were working in a hospital and were willing to participate in the study were recruited.

The samples were selected through quota sampling, and based on the numbers of nursing staff in each hospital the required samples were randomly selected from the list of nurses working at each hospital. Thus, 80% of nurses from general hospitals, 10% of nurses from ear, nasal and throat (ENT) specialty hospitals and 10% of nurses from psychiatric care hospitals were recruited in the study.

After selecting the participants, the researcher referred to them during their working shifts, invited them to take part in the study and explained the study aims and if they agreed to take part, the questionnaire was given to them individually and they were requested to respond and return it back to the researcher within one day. All nurses completed and returned the questionnaire.

The data-gathering instrument consisted of two parts. The first part consisted of questions on demographic information (including gender, age, education, marital status, type of hospital, monthly salary). The second part was the Walton's quality of work life questionnaire. The questionnaire included 35 five choice answers from completely dissatisfied (= 1) to completely satisfied (= 5).

The QWL questionnaire evaluated the quality of 8 domains of work life including 'adequate and fair compensation', 'work and total life space', 'opportunity for continuous growth and job security', 'opportunity to develop human capacities', 'safe and healthy working environment', 'flexible work schedule and job assignment', 'attention to job design' and 'employee relations'. The minimum possible score was 35 and the maximum

Vol. 2 No. 4 April 2015 ISSN: 2321 – 4643

score was 175. A score from 35 to 80 was considered as poor QWL and scores ranging from 81-130 and 130-175 were considered as moderate and good QWL, respectively.

The content validity of the tool was confirmed by research guide. The research on the relationship between occupational stress and the quality of nurses' work life in selected hospitals of armed forces used a nominal method to evaluate the justifiability of the questionnaire of quality of work life. Furthermore another method was used to determine the questionnaires perpetuity and its correlation coefficient was calculated as 0.9, which showed a desirable correlation coefficient for the questions. A primary study to determine the justifiability and perpetuity of the questionnaire was performed, which resulted in a Cronbach's alpha of 0.95. Also the questionnaire's reliability has been examined by several previous studies and the reliability coefficient was reported to be between 0.86 and 0.95.

Ethical Considerations

The ethical aspect of this study was approved by the institutional ethics committee. Permissions were also obtained from the authorities of the university and hospital officials before data collection. All participants signed a written informed consent in which the purposes of the study were explained and they were assured of the confidentiality of their personal information.

Statistical analysis

Data were analyzed using the statistical package for social sciences (SPSS) software. Descriptive statistics were calculated and independent sample t-test was used to examine the relationship of quality of work life and marital status, and gender. Also one-way ANOVA was used to determine the relationship between quality of work life and other demographic variables. P values less than 0.05 were considered significant for all tests.

Results

The results of the study showed that 60% of nurses reported that they had moderate level of quality of working life while 37.1% and 2% had undesirable and good quality of working life, respectively. Nurses with associate degrees reported a better quality of working life than others. A significant relationship was found between variables such as education level, work experience, and type of hospital with quality of working life score (P < 0.05). No significant differences were observed between quality of working life score of nurses with employment status (P = 0.061), salary (P = 0.052), age, gender and marital status (P > 0.05)

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Conclusions

Nurses quality of work life was at the moderate level. As quality of work life has an important impact on attracting and retaining employees, it is necessary to pay more attention to the nurses' quality of work life and its affecting factors.

Footnotes

Implication for health policy/practice/research/medical education: This research helps health care providers develop strategies for improving nurses working conditions and their quality of work life. Thus, nurses will be able to perform better care for their patients. Financial Disclosure: The authors declare that they have no competing interests. Funding/Support: There was no funding and support for this research.

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